

Line

1

County: Union

2

Number of Employees in Unit: 30

3

4

New Contract Term: Jan. 1, 2017 - Dec. 31, 2020

5

6

7

8

9

Yes ☐ No ☐

10

\$2,971,295

11

\$184,399

12

	\$
	\$
	\$
	\$

\$0

13

\$3,155,694

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)**14** Total Base Salary Cost from Line 13: \$3,155,694

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/2017</u>	<u>1/1/2018</u>	<u>1/1/2019</u>	<u>1/1/2020</u>	<u></u>	<u></u>
16 Cost of Salary Increments (\$)	<u>25,887</u>	<u>34,272</u>	<u>43,639</u>	<u>24,742</u>	<u></u>	<u></u>
17 Salary Increase Above Increments (\$)	<u>41,660</u>	<u>53,553</u>	<u>59,751</u>	<u>63,510</u>	<u></u>	<u></u>
18 Longevity Increase (\$)	<u>2,299</u>	<u>9,716</u>	<u>12,219</u>	<u>3,216</u>	<u></u>	<u></u>
19 Total Increased Cost for "Other" Items (\$)	<u>58,750</u>	<u>58,750</u>	<u>58,750</u>	<u>58,750</u>	<u></u>	<u></u>
20 Total Increase (\$) (sum of lines 16-19)	<u>128,596</u>	<u>156,290</u>	<u>174,359</u>	<u>150,218</u>	<u></u>	<u></u>

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$609,463 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 19.3 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 4.8 % [Divide percentage on Line 22 by number of years of the contract]

Employer: City of SummitEmployee Organization: FMBA Local 54

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SECTION VI: Other Economic Items Outside Base Salary and Increases**←Increases→**

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Uniform Maintenance	58,750	0	25	0	0		
	Sub Code Official	6,284	3,163	189	193	197		
	Fire Inspector	4,619	35	47	48	49		
25	Totals (\$):	69,653	3,188	261	241	246		

SECTION VII: Medical Costs**Insurance Costs**

	Base Year	Year 1
26 Health Plan Cost	\$ 653,117	\$ 661,014
27 Prescription Plan Cost	\$	\$
28 Dental Plan Cost	\$ 34,597	\$ 34,597
29 Vision Plan Cost	\$	\$
30 Total Cost of Insurance	\$ 687,714	\$ 695,611

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>235,469</u>	\$ <u>245,404</u>
32	Contributions as % of Total Insurance Cost	<u>34.24</u> %	<u>35.28</u> %

33 Identify any insurance changes that were included in this CNA.

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Michael F. Rogers

Position/Title: City Administrator

Signature: 

Date: April 19, 2018

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission
Conciliation and Arbitration
PO Box 429
Trenton, NJ 08625
Phone: 609-292-9898

Revised 8/2016